# Diversity, Equity and Inclusion (DEI) in the Electronic Health Record

#### **Capturing the Lived Experiences of Patients**



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Reduce Doc

**6**-

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#### The 25X5 DEI Taskforce

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### Vision











# How different would the documentation be if it were written from the patient's perspective?











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#### **O** Structure



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# **1** Structure: Culture



- Ivory tower
- Clinical training and education





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# **1** Structure: People

Personal characteristics that help or hinder optimal usage of health care:

- Background, personal history, historic trauma, e.g. clinicians and patients same race/ethnicity
- Differences in education, culture, language, literacy levels
- Familiarity with and ability to navigate through systems
- Person resources (financial, social, geographic location) e.g. "VIP" patients

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Access to healthcare, healthy food, housing







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# **1** Structure: Organizational

- Organizational policies and procedures
- Front office role (administration, triage)
- e.g. Ebola "did you travel lately?"



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# **1** Structure: Technology

- Current structure resonates with the people who create and use the documentation
- Different people express their data differently
- Think about how the Eurocentric paradigm influences documentation (i.e., design)



#### **2** Process

- Who defines the goals of documentation process
- For example, regulatory requirements like meaningful use





## 2 Process

- Important patient characteristics (e.g. race, ethnicity, gender identity, sexual orientation cultural heritage) may be documented based on either confidence of the recorder or perceived value to the system
- Information may be screened out if deemed unimportant.









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### Outcomes

 Patient-centered care components, like preferences, core values, contextual information, shared decisionmaking preferences may be missing.











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### Outcomes

- For what purposes do we use our documentation?
- If a document is used in the court of law, who is silenced?



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### Outcomes

- Information is filtered through systems and processes
- Downstream data is biased
- Effect of data collection on data science



# **Please remember**, there is a lot that we don't record that matters in healthcare.





COLUMBIA UNIVERSITY Department of Biomedical Informatic:

# If we recorded the whole patient visit would we fix the problem?





Columbia University Department of Biomedical Informatic:



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